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Commissioner of Patents and Trademarks

TO: Examiner: FROM: Robert J. Depke, Reg. No. 37,607FAX NO: (571) 273-8300

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 ✓ WILL NOT BE SENT**NOTES:**Inventor: W. Gindlesperger
Serial No. : 09/450023
Art Unit:
Filed: November 29, 1999
Attorney Ref.: 085919.00004

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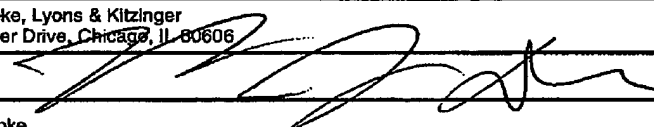
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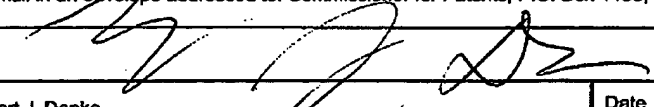
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/450,023
	Filing Date	November 29, 1999
	First Named Inventor	William A. Gindlesperger
	Art Unit	3824
	Examiner Name	Daniel S. Felten
	Attorney Docket Number	085919.00004
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks The Commissioner is hereby authorized to charge any fees due or to credit any overpayment to Deposit Account No. 50-3891		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Rockey, Depke, Lyons & Kitzinger 233 S. Wacker Drive, Chicago, IL 60606		
Signature			
Printed name	Robert J. Depke		
Date	3/15/07	Reg. No.	37,607

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Signature			
Typed or printed name	Robert J. Depke	Date	3/15/07

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003/008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 09/450,023 Confirmation No.: 7046
Applicant: William A. Gindlesperger
Filed: November 29, 1999
TC/A.U.: 3624
Examiner: Daniel S. Felten
Docket No.: 085919.00004
Customer No.: 33448

SUPPLEMENTAL AMENDMENT I

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

S I R:

Please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.